

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 674205 RECEIPT DATE: 10 / 27 / 00  
IA NUMBER: PCT/ AT00 / 00052 IA FILING DATE: 02 / 28 / 00  
FAMILY NAME: MAYR DELAY WAIVED (Y/N): Y  
GIVEN NAME: REINHOLD DEMAND RECEIVED (Y/N): A  
PRIORITY CLAIMED (Y/N): Y PRIORITY DATE: 03 / 01 / 99  
NO BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N): N  
ATTORNEY DOCKET NUMBER: MAYR, R ET A COUNTRY:  
CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 5163659802,  
FAX  
NAME: COLLARD & ROE  
STREET: 1077 NORTHERN BOULEVARD  
CITY: ROSLYN  
STATE/COUNTRY: NY ZIP: 115761696  
EMAIL:  
APPLICATION TITLES:  
MILL SAW

TAB TO LAST POSITION,PUSH SEND



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
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WASHINGTON, D.C. 20231  
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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/674,205	<b>FILING DATE</b> 10/27/2000 <b>RULE</b> -	<b>CLASS</b> 030	<b>GROUP ART UNIT</b> 3724	<b>ATTORNEY DOCKET NO.</b> MAYRRETAL-1
<b>APPLICANTS</b> Reinhold Mayr, Waldzell, AUSTRIA; Franz Diermaier, Taiskirchen, AUSTRIA;  <b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/AT00/00052 02/28/2000  <b>** FOREIGN APPLICATIONS *****</b> AUSTRIA A 333/99 03/01/1999				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 11/22/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> AUSTRIA	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 5
				<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b>  Collard & Roe 1077 Northern Boulevard Roslyn, NY 11576				
<b>TITLE</b> Reciprocating saw comprising a program-controlled feed conveyor for advancing the item to be cut				
<b>FILING FEE RECEIVED</b> 860	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	